

6TL092T5SQ

23-01127

# WISCONSIN MOTOR VEHICLE CRASH REPORT

SAUK COUNTY SHERIFFS DEPARTMENT  
1300 LANGE COURT  
BARABOO, WI 53913  
(608) 356-4895

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|  |                                      |  |  |                                    |  |  |  |
|--|--------------------------------------|--|--|------------------------------------|--|--|--|
| Document Number Override                       |                                      | Primary Crash Document#                            |  | Agency Crash Number<br>23-01127    |  | Investigating Officer/Deputy<br>DEPUTY A. KING |  |
| Crash Date<br>02/03/2023                       |                                      | Crash Time<br>04:20 AM                             |  | Date Arrived                       |  | Time Arrived                                   |  |
| Date Notified<br>02/03/2023                    |                                      | Time Notified<br>04:21 AM                          |  | Total Units<br>01                  |  | Total Injured<br>00                            | Total Killed<br>00                           |
| <input type="checkbox"/> On Emergency          | <input type="checkbox"/> Hit and Run | <input type="checkbox"/> Lane Closure              |  | <input type="checkbox"/> Work Zone |  | <input type="checkbox"/> Trailer or Towed      | <input type="checkbox"/> Reporting Threshold |
| <input type="checkbox"/> Government Property   |                                      | <input type="checkbox"/> Active School Zone        |  | School Bus Related<br>NO           |  | Tags   |  |
| <input checked="" type="checkbox"/> Reportable |                                      | Crash Type<br>NON-DOMESTICATED ANIMAL W/ NO INJURY |  | <input type="checkbox"/> Amended   |  | <input type="checkbox"/> Secondary Crash       |  |

I, a sworn law enforcement officer, agree that I have not added any CJIS data in this report.

### Location

|  |                               |  |                            |  |
|--|-------------------------------|--|----------------------------|--|
| ON LIME RIDGE RD/ CTHK EB<br>113 FT E<br>OF TWIN PINE RD<br>IN THE TOWN OF REEDSBURG<br>IN SAUK COUNTY | Latitude<br>43.525087733      |  | Longitude<br>-90.053495089 |  |
|  | X Coordinate<br>253238.296875 |  | Y Coordinate<br>4823658    |  |
|  | Structure Type                |  |                            |  |

### Crash Scene

|   |  |  |               |
|---|--|--|---------------|
| First Harmful Event<br>NON DOMESTICATED ANIMAL (ALIVE)          |  | First Harmful Event Location<br>ON ROADWAY                     |               |
| Manner of Collision<br>00 - NO COLLISION W/VEHICLE IN TRANSPORT |  | Light Condition  |               |
| Road Surface Condition(s)                                       |  | Roadway Factor(s)  |               |
| Environment Factor(s)   |  |  |               |
| Weather Condition(s)  |  |  |               |
| Animal Type<br>DEER   |  | Relation To Trafficway<br>TRAFFICWAY - ON ROAD                 |               |
| Crash Classification - Location<br>PUBLIC PROPERTY              |  | Crash Classification - Jurisdiction<br>NO SPECIAL JURISDICTION |               |
| Tribal Land   |  | Access Control   | Special Study |

### Unit Summary

|             |   |                                  |  |                     |   |  |
|-------------|---|----------------------------------|--|---------------------|---|--|
| <b>UNIT</b> | Unit Status<br>IN TRANSIT   |                                  | Vehicle Operating As Classification<br>D CLASS |                     | Unit Type<br>AUTOMOBILE                       |  |
|             | Vehicle Type<br>(SPORT) UTILITY VEHICLE                               |                                  |  |                     | Operating As Endorsements                     |  |
|             | Total Occs<br>1   | Train/Bus # Recorded             | Total # Citations Issued<br>0                  | Total Trailers<br>0 | Total HazMat Types<br>0                       |  |
|             | Insurance?<br>YES   | Direction Of Travel<br>EASTBOUND | <input type="checkbox"/> Pre Crash Tire Mark   | Speed Limit         | Total Lanes                                   |  |
|             | Most Harmful Event: Collision With<br>NON DOMESTICATED ANIMAL (ALIVE) |                                  | Special Function<br>NO SPECIAL FUNCTION        |                     | Emergency Motor Vehicle Use<br>NOT APPLICABLE |  |
|             | Traffic Way   |                                  | Traffic Control                                |                     | Traffic Control Inoperative/Missing           |  |
|             | Surface Type  |                                  | Road Curvature                                 |                     | Road Grade                                    |  |

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|                                 |  |   |   |
|---------------------------------|--|---|---|
| Truck Bus or HazMat             |  |   |   |
| 01<br>UNIT<br>VEHICLE           | <b>Vehicle</b>   |   |   |
|                                 | License Plate Number<br><b>AMV1112</b>                                 | Plate Type<br><b>AUT - AUTOMOBILE</b>   | St<br><b>WI</b>   |
|                                 | Country of Issuance<br><b>UNITED STATES</b>                            | Vehicle Identification Number<br><b>1C4PJMLB6KD141876</b>                             | Make<br><b>JEEP</b>                                     |
|                                 | Year<br><b>2019</b>  | Model<br><b>CHEROKEE</b>  | Bus Use   |
|                                 | Color<br><b>RED - RED</b>  | Body Style<br><b>UT - SPORT UTILITY VEHICLE</b>                                       | Initial Contact Point<br><b>01 - RIGHT FRONT CORNER</b> |
|                                 | Vehicle Damage<br><b>01 - RIGHT FRONT CORNER</b>                       |   |   |
|                                 | Extent Of Damage<br><b>FUNCTIONAL DAMAGE</b>                           |   |   |
|                                 | Towed Due To Damage<br><b>NOT TOWED</b>                                | Vehicle Removed By<br><b>OWNER</b>  |   |
|                                 | What Driver Was Doing  | Vehicle Factors   |   |
|                                 | Driver Prior Action Other  |   |   |
| 01<br>UNIT<br>VEHICLE           | Driver Actions<br><b>NO CONTRIBUTING ACTION</b>                        |   |   |
|                                 | Owner Name   | Owner Address   |   |
| 01<br>UNIT<br>POLICY HOLDER     | <b>Policy Holder</b>   |   |   |
|                                 | Insurance Company<br><b>PROGRESSIVE-CASUALTY-INS-CO</b>                | Individual<br><b>KAIA PHEPHLES-MCNURLEN</b>   |   |
| 01<br>UNIT<br>INDIVIDUAL        | <b>Individual</b>  |   |   |
|                                 | Driver<br><b>KAIA JELEENA PHEPHLES-MCNURLEN</b>                        | Citations Issued<br><b>0</b>  | Sex<br><b>FEMALE</b>                                    |
|                                 | Date of Birth<br>[REDACTED]  | Race<br><b>WHITE</b>  |   |
|                                 | Address<br><b>107 CUNNINGHAM RIDGE RD<br/>CAZENOVIA, WI 53924 , US</b> | Driver License Number<br>[REDACTED]<br><b>STATE: WISCONSIN COUNTRY: UNITED STATES</b> |   |
| 01<br>UNIT<br>SAFETY EQUIPMENT  | On Duty Crash  |   | Safety Equipment  |
|                                 | Row  | Seat Position   | <b>SHOULDER &amp; LAP BELT</b>                          |
|                                 | Helmet Use   |   | Helmet Compliance                                       |
|                                 | Eye Protection   |   | Tint Compliance   |
|                                 | Injury Severity<br><b>NO APPARENT INJURY</b>                           |   | Airbag  |
| 01<br>UNIT<br>MEDICAL TRANSPORT | Ejected  | Ejection Path   | Trapped/Extricated                                      |
|                                 | Medical Transport<br><b>NOT TRANSPORTED</b>                            | EMS Agency Identifier   | EMS Run #   |
|                                 | Hospital   | Date of Death   | Time of Death   |
|                                 |  |   |   |

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| <b>UNIT<br/>INDIVIDUAL<br/><br/><br/><br/><br/><br/><br/><br/><br/><br/>01<br/>001</b> | <b>Distracted By</b>                        |  | Distracted By Source               |                                 |                      |
|  | Distracted By Action                        |  |                                    |                                 |                      |
|  | <b>Non Motorist</b>                         |  | Striking Unit #                    | Location                        |                      |
|  | Prior Action                                |  |                                    |                                 |                      |
|  | Action                                      |  |                                    |                                 |                      |
|  | Action Other                                |  |                                    | To/From School                  |                      |
|  | <b>Drug &amp; Alcohol</b>                   |  | Suspected Alcohol Use<br><b>NO</b> | Suspected Drug Use<br><b>NO</b> |                      |
|  | Alcohol Test Given<br><b>TEST NOT GIVEN</b> |  | Alcohol Test Type                  |                                 | Alcohol Test Results |
|  | Drug Test Given<br><b>TEST NOT GIVEN</b>    |  | Drug Test Type                     | Drug Test Results               |                      |
|  | Drug Type                                   |  |                                    |                                 |                      |
| Individual Condition<br><b>APPEARED NORMAL</b>   |   |  |                                    |                                 |                      |